PTOISB/17 (12-04V2)
Approved for use through 07/31/2006, CMB 0651-0032.
U.S. Parent and Tradament Office; U.S. DEPARTMENT OF COMMERCE to a rollection of information united to information.

Effective on 12/03/2004				Complete if Known												
FEE TRANSMITTAL For FY 2005			A	Application Number 10 Filing Date Fe		0/786,375	786,378									
			L			February 25, 2004 Beoguo Yang, et al.										
			F													
Applicant claims small entity status. See 37 CFR 1.27: TOTAL AMOUNT OF PAYMENT (\$) 400,00				Examiner Name Art Unit Attorney Docket No.		Lu, Jia 2634 BP 3006										
									METHOD OF PAYMEN	IT (check a	il that apply)					
									Chark Credit	Card	Money Order	None	Other	deser idea	100 E	
Deposit Account			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*,*,*,*,*,*,*,*,*,*,*,*,*,*			arrison Markison									
		account, the Director		 .												
	s) indicated b			10 11 11 1000	14.14.14.14.14.14.14.14.14.14.14.14.14.1		except for the filing fee									
			s of facie				arcchriot nie touis iee									
under 37 CF	R 1.16 and 1	e(s) or underpayment .17		المتحدد المتحارب		payments										
ARNING: Information on the			card inform	n bluoda nolica	ot be inch	ded on this form	. Provide credit card									
EE CALCULATION	· · · · · · · · · · · ·															
BASIC FILING, SEA	RCH, AND	EXAMINATION F	EES													
	FILING FEES S		SEARCH	ARCH FEES EXAMIN		NATION FEE	ATION FEES Small Entity									
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Feel	Eee (\$)	Fees Paid (\$)									
Utility	300	150	500	250	200	001										
Design	200	100	100	50	130	65										
Plant	200	100	300	150	160	80										
Reissuc	300	150	500	250	600	300										
Provisional	200	100	0	0	. 0	0	90									
. EXCESS CLAIM FE	£S					Fee (\$)	Small Entity									
Fee Description	(including S	(Peissies)				50	F98 (\$) 25									
Bach claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	100									
Multiple dependent claims						360	180									
				old (E)			Dependent Claims Fee Paid (5)									
- 20 or HP = HP = highest number of lot		tor, if greater than 20.	· _/_			<u>Fee (\$)</u>	Fall Saro (3)									
Indep. Claims	Extra Clai	ms Fee (5)	Fea P													
- 3 or HP = HP = highest number of ind	2			0												
ADDI MATION CITE	Per Contract	***************														
If the enerification an	d drawings	exceed 100 sheets	of paper	(excluding e	lectroni	cally filed seq	uence or computer									
listings under 37 C	FR 1.52(e)), the application s	ize tee d	ue (5 \$200 (\$	123 101	smail entity)	or each additional 50									
shouls or fraction to	hereof. Sci Extra She	e 35 U.S.C. 41(a)(ets Number	or each a	ida (nous) so o	A TLUCKIO	n thereof E	es (\$) Fee Paid (\$)									
- 100 =		/50 =	(ound up to a v	rhole nur	nber) x										
OTHER FEE(S)							Fees Paid (
Non-English Specif	*.*.*. * .*.*.*.*.*.*.*.	· · · · · · · · · · · · · · · · · · ·	·.·.·.													
Other (e.g., late film	ig surcharg	c): Assignment Reco	ndation Fe	×												
BASTTED BY	Ω			alatantian Ma												
shure White			Re	Registration No. 44,924 (Attorney/Agent)			Telephone (512) 228-3611									
M. V. M	7 .		(An	omey/Agent)	7,027	······································										

SS.q

215-338-4100

Robert Holauchlan

465:30 SO VI 3NA